231025

STATE OF SOUTH CAROLINA	)
(Caption of Case)	) BEFORE THE
	) PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	) OF SOUTH CAROLINA
	) TRANSPORTATION COVER SHEET
Application for real	)
custrares a acaps	) DOCKET ONLY
	NUMBER: 2012 - 227 - 1
	) If this is your first time filling on and that the black and
	) If this is your first time filing an application with the PSC, you will no have a Docket Number. The Commission will assign one to you, If you
	have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print)	
Submitted by: Portray P. Chapein	Telephone: (843) 458 - 3916
Address: 300) N. King Huny	Fax:
Suita 1105	Other:
<u>MB</u> , SC 29577	F
NOTE: The cover sheet and information contained herein neither rep	Email:laces nor supplements the filing and service of pleadings or other papers
be filled out completely.	naces nor supplements the filing and service of pleadings or other papers ce Commission of South Carolina for the purpose of docketing and must
THAT OF ACTION	ON (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit Dr
Application - Class E Household Goods	☐ Late-Filed Exhibit
Application - Class E Hazardous Waste	D. JUN TIN
Application	Proposed Order OFFICE  Publisher's Affidavit  Description
Request for Extension to Comply with Order	Duttished ACC
	rubisher's Affidavit OFFICE
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter
	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

gas

# PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

237025

### APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: <u>5/a3/12</u>	
CLAS	SS C - CHARTER	
Applic of S.C	cation is hereby made for a Certificate of Public Convenience and Necessity, in accordant. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.	nce with the provision
1. Nan	ne under which business is to be conducted (corporation, partnership, or sole proprietorship, with	or without trade name )
B	odney P. Chaplin dha! Chaplin's 1:10	43
	Street Address of Applicant	each, SC 29577
	Mailing Address of Applicant (if different from street address)	
<u>L8</u>	543) 458-3916 Phone Fax	
	Phone Fax	
<del></del>	. Email Address	· · · · · · · · · · · · · · · · · · ·
OCCI	e Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the Setary of State and the Articles of Incorporation must be attached. (If incorporated outside plina Secretary of State "Foreign Corporation" Certificate.)	outh Carolina of SC, attack Sputh
. Sele	ct Entity Type: (Check one)	Posted: 6-5-12 de
V	Individual Owner/Sole Proprietorship	Dept: 5A/UCS
	Partnership - List names and addresses of all person having an interest in the business.	Date: 6-5-12
	Corporation - List names and addresses of two principal officers.	Time: 210 fm
-		and the second s

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:  Month Year	
Assets:	
Cash	5,000.00
Receivables	2,000,00
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets*	
	5,000.00
Liabilities and Equity:	3,000,00
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	5,000.00

<sup>\*</sup> Total Assets = Total Liabilities and Equity

### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

100,00 paul me.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.				
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort .	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

### DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers to carry is based on the number o	Vehicle is Equipped to Carry: (The number of passengers a vehicle is equippe f seatbelts in the vehicle, including the driver's seatbelt.)
1-7 Passengers, including	
8-15 Passengers, includir	g driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Lincoln	がひひて	PUELIBBMALLIE	EMITT WEIGHT
cont.		1049398	
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#### INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:
Rodney P. Cacpain, doi: Chapaino Emourines
3001 Nova King Hung, buite 165, My soo, Baash, Address of Applicant Sc 29577
Amount of Premium: Limits Quoted: (See Below)
Liability Insurance \$ 2,558.00 Limits - 5,00,000 CSL
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only:
1-7 Passengers* \$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehicle including the driver's seatbelt
Starrat
Name of Insurance Company
158 N. Hardre City BlVd., Melbourne, FL 32935 Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
Date  Date  Date  Date  Date  Authorized Insurance Company Representative's Signature
Authorized Insurance Company Representative's Signature
NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

### Exhibit Fit, Willing, and Able (FWA)

	Rodney P	. Chapein, dba: Chapeins Limousines Name of Applicant
		raine of Applicant
1	. Are there currently any o	outstanding judgments against the Applicant?
	O Yes	() No
	If Van Indiants water	
	ii i es, indicate nature o	f judgement(s) against applicant.
		•
^		
۷.	Is Applicant familiar with	all statutes and regulations, including safety regulations and governing for-hire motor
	statutes and regulations?	h South Carolina, and does Applicant agree to operate in compliance with these
	O Mos	
	res	O No
^	T 4 44	
<b>ئ</b> .	Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated
	Yes	○ No
	Ser x vo	

## **Exhibit on Driver Qualifications**

I. Applicant unders	stands that all drivers must	be a minimum of 18 years of age.
Yes	O No	•
	stands that a certified copy from the DMV of the state the Applicant's business of	of the driver's three (3) year driving record issued by the SC DM' in which the driver is or has been domiciled for such period must
Q Yes	O No	
3. Applicant underst	tands that a criminal histor ed in the Applicant's busine	y background check from the state where the driver currently live ess office.
Yes	O No	·
4. Applicant understatheir possession was state of residence	TICH ODCIMIND A CHAFTER VEI	ing a vehicle under a Class C Certificate must have in hicle, a valid driver's license issued by the SC DMV or the curren
O Yes	O No	·
i ominios romitacio	who are registered, or real	icate holders are prohibited from employing or leasing uired to be registered, as sex offenders with the South Carolina anal registry of sex offenders.
Ø Yes	O No	

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Hospital SWORN TO BEFORE ME
This 23 day of 1212

Notary Rublic

Commission Expires 9/12/15